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## Attorney Docket Number 24230.53 **DECLARATION FOR UTILITY OR** Benjamin Spenser First Named Inventor **DESIGN COMPLETE IF KNOWN** PATENT APPLICATION (37 CFR 1.63) Application Number to be assigned Filing Date to be assigned Declaration □ Declaration to be assigned OR Submitted Submitted after Initial Group Art Unit Filing (surcharge (37 CFR 1.16 (e)) with Initial Filing to be assigned **Examiner Name** required)

As a below named inventor, I hereby declare that:										
My residence, post office address, and citizenship are as stated below next to my name.										
wy residence, post office address, and citizenship are as stated below next to my name.										
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:										
IMPLANTABLE PROSTHETIC VALVE										
the specification of which (Title of the Invention)										
is attached hereto	(Titl	e of the Invention)								
OR	<del></del>									
was filed on (MM/D	D/YYYY)	as Unite	d States Applica	tion Number or I	PCT International					
Application Number	and w	as amended on (MM/DD/Y	YYY)		(f applicable).					
I hereby state that I have re	eviewed and understand the	contents of the above ident	ified specificatio	n, including the	daims, as					
	ent specifically referred to abo									
I acknowledge the duty to d	disclose information which is	material to patentability as	defined in 37 CF	R 1 56.						
I hereby claim foreign priority benefits under 35 U.S.C 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of										
America, listed below and ha or of any PCT international a	ave also identified below, by application having a filing date	checking the box, any forei e before that of the applicat	gn application fo ion on which pri	or patent or inver ority is claimed.	ntor's certificate,					
Prior Foreign Application		Foreign Filing Date	Priority	Certified Co	py Attached?					
Number(s)	Country	(MM/DD/YYYY)	Not Claimed	YES	NO					
					<u> </u>					
Additional factors and backers assumb as an experience of the day										
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:  I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.										
Application Number		e (MM/DD/YYYY)								
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[Page 1 of 2]
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PTO/SB/01 (12-97)

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## **DECLARATION** — Utility or Design Patent Application

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I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filling date of the prior application and the national or PCT international filling date of this application.													
U.S. Parent Application or PCT Parent Number				Parent Filing Date (MM/DD/YYYY)			Parent Patent Number (if applicable)						
Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.													
As a named inv	entor, I h	ereby appoint th	e follow	ing regis	stered p	ractitioner(	s) to p	rosecute t	his application	n and to	transa	ct all business	in the Patent
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Additional	registere	d practitioner(s) i	named c	on suppl	emental	Registere	1 Prac	titioner Inf	formation she	eet PTO/	SB/020	attached here	eto.
Direct all corr	Direct all correspondence to: Customer Number or Bar Code Label							ress below					
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Address					Cowa	an, Lieb	owitz	& Lat	man, P.C	).			
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Country		USA		Te	lephor	ne (	212)	790-9	200	Fax	()	212) 575-(	0671
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.													
Name of So	ole or F	irst Invento	r:					A petition	n has been	filed for	r this u	nsigned inve	entor
Gi	ven Nar	me (first and m	iddle [i	f anyl)					Family	/ Name	or Sur	name	
		Benjar	min							Spe	nser		
Inventor's Signature							Date				Date		
Residence: (	Residence: City Caesarea State					Country Israel Citizenship ISR						ISR	
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Additional	invento	rs are being na	amed o	n the	1 su	pplement	al Ado	ditional Ir	nventor(s) s	sheet(s)	PTO/S	SB/02A attac	hed hereto

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## **DECLARATION**

## ADDITIONAL INVENTOR(S) Supplemental Sheet Page \_1\_ of \_1\_

Name of Additional Joint Inventor, if any:								ventor			
Given Na	me (first and middle [if an	Family Name or Surname									
	Netanel				Benichu						
Inventor's Signature	Date										
Residence: City	Nir Etzion	State		Country	Israel		Citizens	ship	ISR		
Post Office Address	Nir Etzion										
Post Office Address			<del></del>		·						
City	Nir Etzion State ZIP Country ISR						SR				
Name of Addition	nal Joint Inventor, if a	ny:			A petitic	on has been file	d for th	is unsigi	ned inv	rentor	
Given Nar	me (first and middle [if any	/])				Family Nar	me or S	Surname			
Assaf Bash											
Inventor's Signature	Date										
Residence: City	Givat Ada	State	L		Country	Israel	Israel		nship	ISR	
Post Office Address				1 F	laseora	a St.					
Post Office Address			<del></del>								
City	Givat Ada	State			ZIP		Coun	ıtry			
Name of Addition	nal Joint Inventor, if ar	ny:			A petitio	on has been file	d for th	ıs unsigr	ned inv	entor	
Given Nar	me (first and middle [if any	1)		Family Name or Surname							
	Avraham					Z	Zakai				
Inventor's Signature		Date									
Residence: City	Zichron Yaacov	State		Country Israel Citizenship				ISR			
Post Office Address	s 13 Yair St.										
Post Office Address											
City	Zichron Yaacov	State		ZIP Country							

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